

PTO/SB/97 (08-03)

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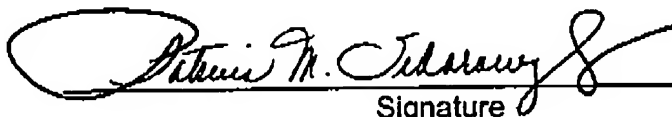
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- PETITION FOR ONE MONTH EXTENSION (PTO/SB/22),  
in duplicate;  
- RCE (PTO/SB/30), in duplicate; and  
- AMENDMENT & RESPONSE - 2 Drawing Sheets attached  
(10 pages).

Serial No.: 10/556,832

Examiner: Kim Kwok Chu

Art Unit: 2627

Docket No.: PD030051

**TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 17**

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

# FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**940.00**

Complete if Known

Application Number **10/556,832**  
 Filing Date **November 16, 2008**  
 First Named Inventor **Christian Buchler**  
 Examiner Name **Kim Kwok Chu**  
 Art Unit **2627**  
 Attorney Docket No. **PD030051**

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order☐ None ☐ Other (please identify):☒ Deposit Account: Deposit Account Number **07-0832**Deposit Account Name: **THOMSON LICENSING LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

Fee (\$)

Fee (\$)

Multiple dependent claims

Fee (\$)

Fee (\$)

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =  $\frac{\text{Total Claims}}{\text{HP}} \times \text{Fee}$  = \$

HP = highest number of total claims paid for, if greater than 20.

## Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =  $\frac{\text{Independent Claims}}{\text{HP}} \times \text{Fee}$  = 0

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR ONE MONTH EXTENSION - \$130.00

RCE FEE

- \$810.00

Fees Paid (\$)

\$940.00

## SUBMITTED BY

Name (Print/Type)	REITSENG LIN	Registration No. (Attorney/Agent)	42,804	Telephone	(609) 734-6813
Signature					November 20, 2009

This collection of information is required by 37 CFR 1.134. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the burden of this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing this form, call 1-800-PTO-6100 and select option 2.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).		Complete If Known	
<b>FEE TRANSMITTAL</b> for FY 2007		Application Number	10/556,832
		Filing Date	November 16, 2006
		First Named Inventor	Christian Buchler
		Examiner Name	Kim Kwok Chu
		Art Unit	2627
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PD030051
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 940.00			

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>CUSTOMER NUMBER: 24498</b>
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<input type="checkbox"/> None		<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>07-0832</b>		Deposit Account Name: <b>THOMSON LICENSING LLC</b>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments
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<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	600	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Small Entity</b>	
Each claim over 20 (Including Reissues)						50	25
Each independent claim over 3 (Including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	
- or HP =		x		\$50	= \$	<b>Fee (\$)</b>	
HP = highest number of total claims paid for, if greater than 20.						<b>Fee Paid (\$)</b>	
<b>Independent Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
- or HP =		x		\$200	= 0		
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
- 100 =	/ 50 =	(round up to a whole number) x					
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): FEE FOR ONE MONTH EXTENSION - \$130.00							
RCE FEE - \$810.00						<b>\$940.00</b>	

<b>SUBMITTED BY</b>					
Name (Print/Type)	REITSENG LIN	Registration No. (Attorney/Agent)	42,804	Telephone	(609) 734-6813
Signature					November 20, 2009

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